



Bib Data Sheet


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|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/494,714 | FILING DATE 01/31/2000 RULE - | CLASS 704 | GROUP ART UNIT 2741 | ATTORNEY DOCKET NO. INTL-0341-US(P8391) |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

CHRISTOPHER H. GENLY, FOREST GROVE, OR ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENCE
GRANTED ** 02/22/2000

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|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY OR | SHEETS DRAWING 11 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

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8554 KATY FREEWAY
STE 100
HOUSTON, TX 77024**TITLE**

PROVIDING PROGRAMMING INFORMATION IN RESPONSE TO SPOKEN REQUESTS

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
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CONFIRMATION NO. 3825

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| SERIAL NUMBER 09/494,714 | FILING DATE 01/31/2000 RULE | CLASS 7.04 | GROUP ART UNIT 2654 | ATTORNEY DOCKET NO. INTL-0341-US (P8391) |
| APPLICANTS CHRISTOPHER H. GENLY, FOREST GROVE, OR; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/22/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____ | STATE OR COUNTRY OR | SHEETS DRAWING 11 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 3 |
| ADDRESS TIMOTHY N TROP TROP PRUNER HU & MILES P C 8554 KATY FREEWAY STE 100 HOUSTON , TX 77024 | | | | |
| TITLE PROVIDING PROGRAMMING INFORMATION IN RESPONSE TO SPOKEN REQUESTS | | | | |
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ | |